

INSTRUCTIONS FOR BEHAVIORAL HEALTH LICENSING APPLICATION

I. AGENCY INFORMATION

Self Explanatory-refer to Arizona Administrative Code Title 9, Chapter 20 as referenced in the application

Entity Affiliation - If the agency contracts with or receives funding as a subcontractor of a Regional Behavioral Health Authority(s) indicate all affiliations that are applicable. If not, indicate N/A.

II. OWNER INFORMATION

If the behavioral health facility is to be operated as a non-profit organization of government agency, the name, title, address and phone number, of the chief executive officer must be shown in this block. If additional space is required, a separate sheet may be used to provide additional information on corporations and non-profit organizations.

If ownership is by an individual, this name must be shown in this block. If ownership is by a partnership, at least two general partners names and addresses, other than the facility, must be shown.

LICENSING/Applicant History - Any "YES" response requires a separate attachment which provides applicable detailed information.

Statutory Agent - Refer to Arizona Administrative Code Title 9, Chapter 20, Definitions

III. GOVERNING AUTHORITY

Refer to Arizona Administrative Code Title 9, Chapter 20, Definitions

IV. CHIEF ADMINISTRATIVE OFFICER

Indicate the name of the chief administrative officer who is responsible for implementing the policies and ensuring that all Department rules are in compliance. IF THERE IS A CHANGE OF THIS DESIGNEE DURING THE LICENSING YEAR, THE OFFICE OF BEHAVIORAL HEALTH LICENSING MUST BE NOTIFIED IN WRITING WITHIN 30 DAYS AFTER THE CHANGE. The name of the alternative administrative officer who is designated to assume the duties in the absence of the chief administrative office must also be indicated.

PROGRAM DESCRIPTION - This description should be detailed and specific as indicated in R9-20-201(A)(2). If more than one license is being sought, or more than one type of service will be offered, a separate description must be attached for each.

"BRANCH OFFICE" INFORMATION - As per R9-20-101.19. A "Branch Office" is an off-site office used periodically but less than 20 hours per week by an outpatient clinic or an outpatient program offered by a hospital licensed pursuant to A.A.C. Title 9, Chapter 10, Articles 2, 3, or 4.

ORGANIZATION CHART - Must indicate all staff who provide behavioral health services, as well as, the administrative and supervisory line of authority within the program or agency.

APPROVAL OF DUI FACILITIES

These requirements are to be completed only if the applicant is applying for approval as a DUI Service Agency.

V. SIGNATURES

A.R.S. § 36-422.B states "The application shall be signed, in the case of an individual, by the owner of the health care institution, or in the case of a partnership or a corporation, by two of the officers hereof, or in the case of a governmental unit, by the head of the governmental department having jurisdiction thereof." Signatures(s) must be notarized prior to submitting the license application.

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FIRE INSPECTIONS

If your facility is located in a city with a population of 100,000 or more, please contact the local fire department; i.e., the following cities:

Phoenix	Phoenix Fire Department	262-6771
Glendale	Glendale Fire Department	930-3400
Scottsdale	Scottsdale Fire Department	945-6311
Tempe	Tempe Fire Department	350-8850
Mesa	Mesa Fire Department	644-2622
Tucson	Tucson Fire Department	791-4502
South Tucson	South Tucson Fire Department	622-3309

Cities under 100,000 population are inspected by the State Fire Marshal assigned to that area. The contact for each county is listed below:

Bob Humphrey	Apache/Navajo County	337-2779
Dick Bingham		Graham/Cochise/Greenlee County
	428-5448	
Al Swegard	Pima/Santa Cruz/Pinal County (excluding Tucson)	628-6920
Mel Sorenson	Mohave/La Paz County	763-8838
Pete Ashcraft	Yuma County	628-6920
Will Loesche	Yavapai/Coconino County	778-2004
Kelly Myers	Maricopa/Gila County	
(Office of Fire	(including Florence & Coolidge)	
Marshal's Secretary)	(excluding Phoenix)	255-4964
Arizona State		
Fire Marshal's	OfficePhoenix	255-4964
	Tucson	628-6920

If your facility is not in any of the cities mentioned above, you must contact the designated Deputy Fire Marshal in your county.

If you have any questions, please contact the Office of Health Care Licensing (Phoenix 364-2595) (Tucson 628-6965) or the Office of the State Fire Marshal (Phoenix 255-4964) (Tucson 628-6920).

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Dear Provider:

The following check list is provided to assist you in determining the completeness of your agency's licensing application prior to submittal to the Office of Behavioral Health Licensing. It is hoped that the use of this tool will expedite the application review process and, decrease the on-site survey time spent clarifying required information.

- _____ Mailing address if different from facility address
- _____ A copy of the articles of incorporation, bylaws, partnership or joint venture documentation
- _____ Documentation of facility complying with the local building codes, A.A.C. R9-20-103.A.1.1.
(e.g., Certificate of Occupancy)
- _____ Attestation Letter (Level I & RTC Facilities Only)
- _____ Qualifications of administrator per Section IV of application
- _____ If deemed status is requested, please list accreditation organization and ensure the accreditation period dates are entered per Section I.
- _____ Accreditation Report (for this specific address)
- _____ Organizational Chart
- _____ Current Fire Inspection
- _____ Current Sanitation Inspection (if applicable)
- _____ Copy of previous license (if applicable)
- _____ Program Description required in A.A.C. R9-20-201(A) (2)
- _____ List of staff member, behavioral health professional, BH technician or BH paraprofessional
- _____ List of staff member, behavioral health professional, BH technician or BH paraprofessional working with children
- _____ Copy of fingerprint certification cards, if applicable
- _____ DUI Formal Referral Procedures With One Or More Courts (if applicable)
- _____ DUI Screening Instrument (if applicable)
- _____ DUI Educational Curriculum Used In Program (if applicable)
- _____ DUI Fees For Services (should be in program description)
- _____ DVTX Fees For Services (should be in program description)
- _____ Signature(s) Are Present and Notarized
- _____ Other:

We hope this checklist will be of assistance to you. As always, should you have any questions or require additional information, please contact the Office of Behavioral Licensing at (602) 364-2595.

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LICENSE FEES REMITTANCE		
ENTITY NAME		
SECOND ENTITY NAME, IF APPLICABLE		
MAILING ADDRESS		
CITY	STATE	ZIP

ALL FEES ARE NON-REFUNDABLE pursuant to A.R.S. §§ 36-405(c), 36-882(f) and 36-897.01(c), except as provided in § A.R.S. 41-1077.

IV. PLEASE RETURN THIS PORTION WITH YOUR PAYMENT TO THE OFFICE ON THE ABOVE LETTERHEAD				
FACILITY I.D.#:		LICENSE #:		
ENTITY NAME				
SECOND ENTITY NAME, IF APPLICABLE				
FACILITY ADDRESS				
CITY		STATE	ZIP	
LICENSED CAPACITY				
Check One:	Licensed Capacity:	Base Fee:	Number of Beds x \$10.00 each	Total Amount Due
	None	\$ 100.00		
	1 to 59 beds	100.00		
	60 to 99 beds	200.00		
	100 to 149 beds	300.00		
	150 or more beds	500.00		
APPLICATION FEE \$50.00 Please do not submit the application fee if the fee has already been submitted.				
PAYMENT SHOULD BE BY CASHIER'S CHECK, MONEY ORDER OR BUSINESS CHECK PAYABLE TO:				
ARIZONA DEPARTMENT OF HEALTH SERVICES Cash and personal checks are not accepted.				
AMOUNT ENCLOSED				\$

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OFFICE OF BEHAVIORAL HEALTH LICENSURE

150 N. 18TH Ave., Ste. 410
Phoenix, AZ 85007

HEALTH CARE INSTITUTION RENEWAL APPLICATION AND LICENSE FEE REMITTANCE FORM				
PLEASE RETURN THIS FORM WITH THE PAYMENT TO THE ADDRESS ABOVE				
LICENSE #:				
APPLICANT/ENTITY NAME:				
FACILITY NAME:				
STREET ADDRESS:			SUITE #:	
CITY:			STATE:	ZIP:
FEES				AMOUNT DUE
Application Fee (Please do not submit the application fee if the fee has already been paid.)				\$ 50.00
LICENSED CAPACITY				
Check One:	Licensed Capacity:	Base Fee:	Number of Beds x \$10.00 each:	Total base fee plus number of beds fee:
	None	\$ 100.00	0	\$100.00
	1 to 59 beds	100.00		
	60 to 99 beds	200.00		
	100 to 149 beds	300.00		
	150 or more beds	500.00		
TOTAL AMOUNT DUE				\$
Payment should be by cashier's check, money order or business check made payable to: ARIZONA DEPARTMENT OF HEALTH SERVICES				
Write the Facility License # on the check. Cash and personal checks are not accepted.				
AMOUNT ENCLOSED				\$

ALL FEES ARE NON-REFUNDABLE pursuant to A.R.S. § 36-405(c), 36-882(f) and 36-897.01(c), except as provided in A.R.S. § 41-1077.

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